FORT FOR FIRE

Signature

Please type a plus sign (+) inside this box → +

PTO/SB/05 (11-00) Approved for use through 10/31/2002 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENTOF COMMERCE ction of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

or new nonprovisional applications under 37 CFR 1.53(b))

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a coll Attorney Docket No. 023987.43009 First Inventor Hodes, Mark B. Method and Apparatus for Point of Sale Activated Delivery of Prod Express Mail Label No. EK716354209US

_									
See MPEP	APPLICATION ELEMENTS chapter 600 concerning utility patent application	in contents.		ADDRESS T	O: Box Pate	t Commissionerfor Patents nt Application ton, D.C. 20231			
" 🖳 (S	ee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee proce	ssing)	7.	Computer F	Program (App		-		
2. 🗸 🕺	pplicant claims small entity status. ee 37 CFR 1.27.		8. 1	Nucleotide and/or a	Amino Acid S essary)	Sequence Submission	891		
- [- [- 2] - 1	pecification [Total Pages referred arrangement set forth below] beckriptive little of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & Reference to sequence listing, a table, or a computer programilisting appendix Background of the Invention Brief Summary of the Invention			b. Specification i	on Sequence CD-ROM or 0 paper ements verify	CD-R (2 copies); or 51	pies		
	Brief Description of the Drawings (if filed)		_	ACCOMPAN	YINGAPE	PLICATIONPART	<u>s</u>		
- E	Detailed Description Claim(s) Abstract of the Disclosure	9. 10. [27 CER 2 72/h) Statement [7]						
4. 🚺 Di	rawing(s) (35 U.S.C. 113) [Total	19]	11. 12.	Information		ment (if applicable) Copies of IE Citations	os		
18. If a CC	Newly executed (original or copy) Copy from a prior application (37 (for confinuation/division-latifity flox 16 i. DELETION OF INVENTO Inventor application and the prior application (35(t)) and 135(t). 78 (55) (75) (75) (75) (75) (75) (75) (75)	CFR 1.63(d)) completed) R(S) eting inventor(s see 37 CFR	15. [16. [17. [Preliminary. Return Rece (Should be specified Co (iff foreign prio Request and (b)(2)(B)(i). or its equival	Amendment eipt Postcard ecifically items py of Priority rity is claimed) d Certification Applicant mulent.	(MPEP 503) ed) Document(s) nunder 35 U.S.C. 122 ust attach form PTO/SE	3/35		
Co	ation Data Sheet under 37 CFR 1.76: Intinuation Divisional Continuation Examiner UATION OR DIVISIONAL APPS only: The episcological properties of the disclosure of			of prior application	o/Art Unit	oath or declaration is a	supplied		
reference. Th	b, is considered a part of the disclosure of ie incorporation <u>can only</u> be relied upon who	the accompan	iying coi s been ir	advertently omitted	from the sub	n and is nereby incorpo mitted application parts.	rated by		
	19. C	ORRESPO	NDEN	CEADDRESS					
X Custo	mer Number or Bar Code Label (Insert Cust	omer y a		o re label here)	r 🗆 Com	espondence address belov	v		
l	Susan B. Fentress 20172								
Name	Butler, Snow, O'Mara, Stevens & Cannada, P148 172								
	P.O. Box 171443								
Address									
City	Memphis	State	Tennes		Zip Code	38187			
Country	USA	Telephone	(901) 680-7319 Fax (901) 680-7201						
Name	(Pont/Type) Susan B. Fentress			Registration No. (Attorney/Agent)	31,327	`		

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chical Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. D N OTO 15-SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Application Number

Signature

PTO/SB/17 (XX-XX)
Approved for use through 10/31/2002. OMB 0851-0032
Patent and Trademark Office U.S. DEPARTMENTOF COMMERCE
and to a collection of information unless it displays a valid OMB control number.

Complete if Known

1 TOT FY 2002											
101112002				ſ	Filing Date						
Patent fees are subject to annual revision.					First Named Inventor		entor	Hodes, Mark B.			
					Examiner Name						
					Group Art Unit						
TOTAL AMOUNT OF PAYMENT \$2,13			0.00				No.	023987,43009			
METHOD OF PAYMENT				FEE CALCULATION(continued)							
1. 🛛 🖟	he Commissi dicated fees:	Commissioner is hereby authorized to charge ated fees and credit any overpayments to			DDIT						
Deposit I				Fee	Fee	Fee	Fee		Fee Description	Fee Deld	
Account Number		50-085	8	Code 105	(\$) 130	Code 205		Surch	narge-late filing fee or oath	Fee Paid	
Deposit				127	50	227			narge - late provisional filing fee or cover		
Account Name	,	Butler, Snov	v et al.					sheet	t - '	\Box	
⊠ ü	harge Any Addit	onal Fee Requires	d	139	130	139			- English specification		
— A				2,520				ling a request for ex parte reexamination			
Applicant claims small entity status. See 37 CFR § 1 27			112	920*	112	920*	action	estingpublication of SIR prior to Examiner			
2. Payment Enclosed:				113	1,840*	113	1,840*	Requi	esting publication of SIR after Examiner	$\overline{}$	
Check Credit card Money Other				115	110	215	55		r sion for reply within first month		
<u> </u>			116	400	216			nsion for reply within second month	=		
FEE CALCULATION			117	920	217	460	Exten	nsion for reply within third month			
BASIC FILING FEE Large Entity Small Entity			118	1.440	218			sion for reply within fourth month			
Fee Fee	e Fee Fee	Fee Descripti	on Fee Paid	128	1.960	228	980	Exten	sion for reply within fifth month	==	
101 740	Code (\$)	Utility filing fee	355.00	119	320	219	160	Notice	e of Appeal		
106 330		Design filing fee		120	320	220	160	Filing	a brief in support of an appeal		
107 510		Plant filing fee		121	280	221			est for oral hearing		
108 740		Reissue filing fe		138	1,510	138	1,510	Petitic	on to institute a public use proceeding		
114 160		Provisionalfiling		140	110	240	55	Petitio	on to revive - unavoidable		
	SU	BTOTAL(1)	\$355.00	141	1,280	241	640	Petitio	on to revive - unintentional		
0 EVED				142	1,280	242	640	Utility	issue fee (or reissue)		
2. EXIR	RACLAIM		Fee from	143	460	243	230	Desig	n issue fee		
T-4-1 01-1	Extra C		below Fee Paid	144	620	244	310	Planti	issue fee		
Total Claims Independent	155 -20**		9.00 = 1,215.00	122	130	122	130	Petitio	ons to the Commissioner		
Claims Multiple Depe		^	40.00 = 360.00	123	50	123	50	Proce	essing fee under 37 CFR § 1 17(q)		
	ity Small Ent	itv		126	180	126	180	Subm	ission of Information Disclosure		
Fee Fee	Fee Fee Code (\$)	Fee Des	cription	581	40	581	40	Recor	rding each patent assignment per property a number of properties)		
103 18 102 84	203 9 202 42	Claims in exce	ss of 20 aims in excess of 3	146	740	246	370	Filing	a submission after final rejection FR § 1.129(a))		
104 280	202 42		dent claim, if not paid	149	740	249	370	Forea	ach additional invention to be examined FR § 1.129(b))		
109 84	209 42	** Reissue inde	ependent claims	179	740	279	370		est for Continued Examination (RCE)	==	
440		over original		169	900	169	900	Reque	est for expedited examination		
110 18	210 9	** Reissue clai and over orig	ms in excess of 20 ginal patent	Othe	er fee (s	pecify)		of a de	esign application		
	SUE	STOTAL(2)	\$1,775.00								
**or number p	Reissues, see above	*Rec	*Reduced by Basic Filing Fee Pald SUBTOTAL (3)								
SUBMITTE	DBY								Complete (if applicable)	=	
Name (Pret)		Cusan)	O Fontman	F	Registra	tion No	—	21.0	Totalian management		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the smooth of time you are required to complete this form should be sent to the Chief information Officer, Patent and Tademark Office, Washington, DC 20231 DONOT SEMD FEES OR CORPLICTED FORMS TO 1146 ADDRESS. SEMD TO: Assistant Commissionarior Feeting, Washington, DC 20231 DONOT SEMD FEES OR CORPLICTED FORMS TO 1146 ADDRESS. SEMD TO: Assistant Commissionarior Feeting, Washington, DC 20231 DONOT SEMD FEES OR CORPLICTED FORMS TO 1146 ADDRESS. SEMD TO: Assistant Commissionarior Feeting, Washington, DC 20231 DONOT SEMD FEES OR CORPLICATION OF THE ADDRESS. SEMD TO CASH TO CAS